

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2007

Open to Public  
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning and ending

B Check if applicable

 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

C Name of organization

CENTER FOR COMPETITIVE POLITICS

D Employer identification number

20-3676886

Please use IRS label or print or type. See Specific Instructions

Number and street (or P O box if mail is not delivered to street address)

124 S. WEST STREET

Room/suite

201

E Telephone number

703-894-6800

City or town, state or country, and ZIP + 4

ALEXANDRIA, VA 22314

F Accounting method

 Cash  Accrual Other (specify) ►

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Website. ► WWW.CAMPAIGNFREEDOM.ORG

J Organization type (check only one) ►  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527K Check here ►  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates ► N/A

H(c) Are all affiliates included? N/A  Yes  No  
(If "No," attach a list)H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number ► N/A

M Check ►  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 834,471.

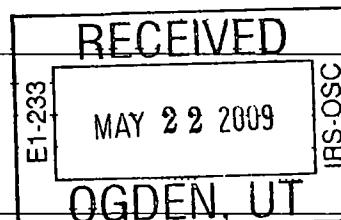
## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1	Contributions, gifts, grants, and similar amounts received						
a	Contributions to donor advised funds	1a					
b	Direct public support (not included on line 1a)	1b	820,851.				
c	Indirect public support (not included on line 1a)	1c					
d	Government contributions (grants) (not included on line 1a)	1d					
e	Total (add lines 1a through 1d) (cash \$ 820,851. noncash \$ )	1e	820,851.				
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2					
3	Membership dues and assessments	3					
4	Interest on savings and temporary cash investments	4	13,620.				
5	Dividends and interest from securities	5					
6 a	Gross rents	6a					
b	Less rental expenses	6b					
c	Net rental income or (loss) Subtract line 6b from line 6a						
7	Other investment income (describe ► )	7					
8 a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other			
b	Less cost or other basis and sales expenses	8a					
c	Gain or (loss) (attach schedule)	8b					
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8c					
9	Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>	9d					
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a					
b	Less direct expenses other than fundraising expenses	9b					
c	Net income or (loss) from special events Subtract line 9b from line 9a						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less cost of goods sold	10b					
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a						
11	Other revenue (from Part VII, line 103)	11					
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	834,471.				
13	Program services (from line 44, column (B))	13	360,309.				
14	Management and general (from line 44, column (C))	14	144,626.				
15	Fundraising (from line 44, column (D))	15	47,864.				
16	Payments to affiliates (attach schedule)	16					
17	Total expenses. Add lines 16 and 44, column (A)	17	552,799.				
18	Excess or (deficit) for the year Subtract line 17 from line 12	18	281,672.				
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	284,118.				
20	Other changes in net assets or fund balances (attach explanation)	20	0.				
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	565,790.				

723001  
12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)



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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds <i>(attach schedule)</i> (cash \$ <u>0</u> • noncash \$ <u>0</u> )				
If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) <i>(cash \$ <u>0</u> • noncash \$ <u>0</u>)</i>				
If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A	<b>274,821.</b>	<b>181,421.</b>	<b>76,694.</b>	<b>16,706.</b>
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>75,824.</b>	<b>54,258.</b>	<b>17,562.</b>	<b>4,004.</b>
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	<b>4,588.</b>	<b>2,073.</b>	<b>198.</b>	<b>2,317.</b>
<b>29</b> Payroll taxes	<b>27,560.</b>	<b>14,004.</b>	<b>11,692.</b>	<b>1,864.</b>
<b>30</b> Professional fundraising fees	<b>6,000.</b>			<b>6,000.</b>
<b>31</b> Accounting fees	<b>5,375.</b>		<b>5,375.</b>	
<b>32</b> Legal fees	<b>11,700.</b>	<b>10,708.</b>	<b>992.</b>	
<b>33</b> Supplies	<b>2,470.</b>	<b>621.</b>	<b>1,662.</b>	<b>187.</b>
<b>34</b> Telephone	<b>887.</b>	<b>595.</b>	<b>239.</b>	<b>53.</b>
<b>35</b> Postage and shipping	<b>13,444.</b>	<b>535.</b>	<b>135.</b>	<b>12,774.</b>
<b>36</b> Occupancy	<b>42,571.</b>	<b>28,523.</b>	<b>11,494.</b>	<b>2,554.</b>
<b>37</b> Equipment rental and maintenance	<b>2,877.</b>	<b>1,913.</b>	<b>816.</b>	<b>148.</b>
<b>38</b> Printing and publications	<b>2,042.</b>	<b>1,613.</b>	<b>34.</b>	<b>395.</b>
<b>39</b> Travel	<b>4,345.</b>	<b>1,872.</b>	<b>2,339.</b>	<b>134.</b>
<b>40</b> Conferences, conventions, and meetings	<b>9,455.</b>	<b>7,409.</b>	<b>2,040.</b>	<b>6.</b>
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>5,996.</b>	<b>3,775.</b>	<b>1,883.</b>	<b>338.</b>
<b>43</b> Other expenses not covered above (itemize):				
<b>a MISCELLANEOUS</b>	<b>15,438.</b>	<b>7,251.</b>	<b>8,041.</b>	<b>146.</b>
<b>b PROFESSIONAL FEES</b>	<b>40,220.</b>	<b>40,000.</b>	<b>220.</b>	
<b>c WEB &amp; IT SERVICES</b>	<b>7,186.</b>	<b>3,738.</b>	<b>3,210.</b>	<b>238.</b>
<b>d</b>				
<b>e</b>				
<b>f</b>				
<b>g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>552,799.</b>	<b>360,309.</b>	<b>144,626.</b>	<b>47,864.</b>

**Joint Costs.** Check ►  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

►  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,

(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A.

**Part III | Statement of Program Service Accomplishments (See the instructions)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ►	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others )
<b>EDUCATE THE PUBLIC IN THE AREAS OF THE FIRST AMENDMENT</b>	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a TO EDUCATE THE PUBLIC REGARDING THE BENEFITS OF COMPETITION IN ELECTIONS AND FIRST AMENDMENT LAW</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
84,179 .	
<b>b CCP'S LITIGATION PROGRAM CONSIST PRIMARILY OF PREPARING LEGAL BRIEFS TO SUBMIT IN COURT CASES AND ADVISING PARTIES TO CASES ON LEGAL ISSUES</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
263,147 .	
<b>c CCP RESEARCHS ISSUES RELATED TO CAMPAIGN FINANCE, FREE SPEECH, AND POLITICAL RIGHTS</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
12,983 .	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b> ► <input type="checkbox"/>	
360,309 .	

Form 990 (2007)

**Part IV Balance Sheets (See the instructions)**

		(A) Beginning of year		(B) End of year
	<b>Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</b>			
	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	280,127.	46	523,983.
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
	56 Investments - other		56	
	57 a Land, buildings, and equipment: basis	57a 49,599.		
	b Less: accumulated depreciation	57b 7,992.	57c 3,991.	41,607.
	58 Other assets, including program-related investments (describe ► SECURITY DEPOSITS )		0.	58 200.
	<b>59 Total assets (must equal line 74). Add lines 45 through 58</b>		284,118.	59 565,790.
	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► )		65	
	<b>66 Total liabilities. Add lines 60 through 65</b>		0.	66 0.
	<b>Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	284,118.	67	565,790.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/></b> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72</b> (Column (A) must equal line 19 and column (B) must equal line 21)		284,118.	73 565,790.
	<b>74 Total liabilities and net assets/fund balances. Add lines 66 and 73</b>		284,118.	74 565,790.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

a Total revenue, gains, and other support per audited financial statements	a	N/A
b Amounts included on line a but not on Part I, line 12:		
1 Net unrealized gains on investments	b1	
2 Donated services and use of facilities	b2	
3 Recoveries of prior year grants	b3	
4 Other (specify): _____ Add lines b1 through b4	b4	
c Subtract line b from line a	b	
d Amounts included on Part I, line 12, but not on line a:		
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify) _____ Add lines d1 and d2	d2	
e Total revenue (Part I, line 12). Add lines c and d	d	
	e	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a Total expenses and losses per audited financial statements	a	N/A
b Amounts included on line a but not on Part I, line 17:		
1 Donated services and use of facilities	b1	
2 Prior year adjustments reported on Part I, line 20	b2	
3 Losses reported on Part I, line 20	b3	
4 Other (specify): _____ Add lines b1 through b4	b4	
c Subtract line b from line a	b	
d Amounts included on Part I, line 17, but not on line a:		
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify): _____ Add lines d1 and d2	d2	
e Total expenses (Part I, line 17). Add lines c and d	d	
	e	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
BRADLEY A. SMITH 124 S. WEST STREET, #201 ALEXANDRIA, VA 22314	CHAIRMAN/CO-FOUNDER  8.00	40,396.	0.	0.
ERIC O'KEEFE 124 S. WEST STREET, #201 ALEXANDRIA, VA 22314	BOARD MEMBER  1.00	0.	0.	0.
STEPHEN M. HOERSTING 124 S. WEST STREET, #201 ALEXANDRIA, VA 22314	VICE PRESIDENT/CO-FOUNDER  40.00	159,831.	0.	948.
SEAN PARRELL 124 S. WEST STREET, #201 ALEXANDRIA, VA 22314	PRESIDENT  40.00	71,077.	2,569.	0.
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-----				
-----				
-----				
-----				
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**Part V-A . Current Officers, Directors, Trustees, and Key Employees (continued)**

Yes  No

- |   |   |                            |
|---|---|----------------------------|
| <p>75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ► <u>3</u></p> <p>b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)</p> <p>c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions.</p> <p>d Does the organization have a written conflict of interest policy?</p> | <p><b>75b</b></p> <p><b>75c</b></p> <p><b>75d</b></p> | <p>X</p> <p>X</p> <p>X</p> |
|---|---|----------------------------|

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other**

**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

**Part VI** Other Information (See the instructions.)

**Yes** **No**

- |      |   |   |     |   |
|------|---|---|-----|---|
| 76   | Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  |   | 76  | X |
| 77   | Were any changes made in the organizing or governing documents but not reported to the IRS?<br>If "Yes," attach a conformed copy of the changes   |   | 77  | X |
| 78 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  | N/A   | 78a | X |
| b    | If "Yes," has it filed a tax return on Form 990-T for this year?  |   | 78b |   |
| 79   | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement   |   | 79  | X |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? |   | 80a | X |
| b    | If "Yes," enter the name of the organization ► N/A  |   |     |   |
| 81 a | Enter direct and indirect political expenditures (See line 81 instructions)   | and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt<br>81a 0. |     |   |
| b    | Did the organization file Form 1120-POL for this year?  |   | 81b | X |

and check whether it is  exempt or  nonexempt

**81 a** Enter direct and indirect political expenditures (See line 81 instructions )

81a

81b | x

**Part VI Other Information (continued)**

	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III )	82b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0 . , section 4912 ► 0 . , section 4955 ► 0 .	89b	X
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0 .	89c	X
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ► 0 .	89d	X
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a List the states with which a copy of this return is filed ► VA		
b Number of employees employed in the pay period that includes March 12, 2007	90b	3
91 a The books are in care of ► THE CENTER Located at ► 124 S. WEST STREET, SUITE 900, ALEXANDRIA, VA	Telephone no ► ZIP + 4 ►	703-894-6800 22314
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► N/A	91b	Yes X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		



**Part XI .Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13)

N/A

**Yes** **No**

- 106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

- 107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

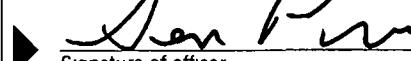
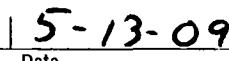
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

- 108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

**Yes** **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please  
Sign  
Here

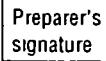
Date

Signature of officer

SEAN PARRELL, PRESIDENT

Type or print name and title

Paid  
Preparer's  
Use Only



Date



5/05/09

Check if  
self-  
employed

Preparer's SSN or PTIN (See Gen. Inst. X)

EIN



Firm's name (or  
yours if  
self-employed),  
address, and  
ZIP + 4

RUBINO & MC GEEHIN, CHARTERED  
6903 ROCKLEDGE DRIVE, SUITE 1200  
BETHESDA, MD 20817

Phone no

301-564-3636

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust)

OMB No 1545-0047

**Supplementary Information-(See separate instructions.)**  
► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**2007**

Name of the organization

CENTER FOR COMPETITIVE POLITICS

Employer identification number  
20 3676886**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	► 0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	► 0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	► 0	

<b>Part III Statements About Activities</b> (See page 2 of the instructions)			<b>Yes</b>	<b>No</b>
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )	1	X	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )			
a	Sale, exchange, or leasing of property?	2a	X	
b	Lending of money or other extension of credit?	2b	X	
c	Furnishing of goods, services, or facilities?	2c	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e	X	
3	a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments ) b Did the organization have a section 403(b) annuity plan for its employees? c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3a	X	
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g b Did the organization make any taxable distributions under section 4966? c Did the organization make a distribution to a donor, donor advisor, or related person? d Enter the total number of donor advised funds owned at the end of the tax year e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	4a	X	
	N/A	4b	N/A	
	N/A	4c	N/A	
		►	0.	
		►	0.	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions )

I certify that the organization is not a private foundation because it is (Please check only ONE applicable box)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)  
 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )  
 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)  
 8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)  
 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ►  
 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv)  
     (Also complete the **Support Schedule** in Part IV-A )  
 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public  
     Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )  
 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )  
 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )  
 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions )

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ►					

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions )

**Part IV-A.** Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	344,608.	251,005.			595,613.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	20,172.				20,172.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	8,791.				8,791.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	373,571.	251,005.	0.	0.	624,576.
24 Line 23 minus line 17	353,399.	251,005.			604,404.
25 Enter 1% of line 23	3,736.	2,510.			
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24				► 26a	12,088.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a <b>Do not file this list with your return.</b> Enter the total of all these excess amounts				► 26b	240,824.
c Total support for section 509(a)(1) test Enter line 24, column (e)				► 26c	604,404.
d Add Amounts from column (e) for lines 18 _____ 8,791. 19 _____ 22 _____ 26b 240,824.				► 26d	249,615.
e Public support (line 26c minus line 26d total)				► 26e	354,789.
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>				► 26f	58.7006%
<b>27 Organizations described on line 12.</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year	N/A				
(2006)	(2005)	(2004)	(2003)		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	N/A				
(2006)	(2005)	(2004)	(2003)		
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				► 27c	N/A
d Add Line 27a total _____ and line 27b total _____				► 27d	N/A
e Public support (line 27c total minus line 27d total)				► 27e	N/A
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)	► 27f	N/A			
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>				► 27g	N/A %
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>				► 27h	N/A %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant <b>Do not file this list with your return.</b> Do not include these grants in line 15	NONE				

**Part V Private School Questionnaire** (See page 9 of the instructions )  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	<b>Yes</b>	<b>No</b>
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?  If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	31	
<hr/> <hr/> <hr/>		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	<hr/> <hr/>	
<hr/> <hr/> <hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	<hr/> <hr/>	
<hr/> <hr/> <hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended?	34a	
If you answered "Yes" to either 34a or b, please explain using an attached statement	<hr/>	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C 8 587, covering racial nondiscrimination? If "No," attach an explanation	34b	
	35	

**Part VI-A | Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions )

**(To be completed ONLY by an eligible organization that filed Form 5768)**

Check  if the organization belongs to an affiliated group

Check ► b  if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> <small>(The term "expenditures" means amounts paid or incurred )</small>		<b>(a)</b> Affiliated group totals	<b>(b)</b> To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount Enter the amount from the following table -  <b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720.

#### **4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total	N/A
45 Lobbying nontaxable amount					0.	
46 Lobbying ceiling amount (150% of line 45(e))					0.	
47 Total lobbying expenditures					0.	
48 Grassroots nontaxable amount					0.	
49 Grassroots ceiling amount (150% of line 48(e))					0.	
50 Grassroots lobbying expenditures					0.	

**Part VI-B | Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
  - b Paid staff or management (Include compensation in expenses reported on lines c through h)
  - c Media advertisements
  - d Mailings to members, legislators, or the public
  - e Publications, or published or broadcast statements
  - f Grants to other organizations for lobbying purposes
  - g Direct contact with legislators, their staffs, government officials, or a legislative body
  - h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
  - i Total lobbying expenditures (Add lines c through h.)  
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

If Yes to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions )

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization or**

- (ii) Cash

- (ii) Other assets**

## b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
  - (ii) Purchases of assets from a noncharitable exempt organization
  - (iii) Rental of facilities, equipment, or other assets
  - (iv) Reimbursement arrangements
  - (v) Loans or loan guarantees
  - (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes

No

**b** If "Yes," complete the following schedule

N/A

## 2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
11	EQUIPMENT * TOTAL 990 PAGE 2 DEPR	VARIETY SSL	SSL	.000	16	49,599.		0.	49,599.	1,996.	0.	5,996.

728102  
04-27-07

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

## FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 1

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	49,599.	7,992.	41,607.
TOTAL TO FORM 990, PART IV, LN 57	49,599.	7,992.	41,607.

## SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2C

STATEMENT 2

BRAD SMITH, CHAIRMAN AND CO-FOUNDER IS PAID FEES FOR CONSULTING SERVICES. SEE PART V-A, FORM 990.

Depreciation and Amortization  
(Including Information on Listed Property)

990

OMB No 1545-0172

2007

Attachment  
Sequence No 67

► See separate instructions. ► Attach to your tax return.

CENTER FOR COMPETITIVE POLITICS

FORM 990 PAGE 2

Identifying number  
20-3676886**Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I**

1 Maximum amount See the instructions for a higher limit for certain businesses	1	125,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	500,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 ►	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	5,996.

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►		

**Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	5,996.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

## Part V

**Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								

## **Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30	Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)					
31	Total commuting miles driven during the year					
32	Total other personal (noncommuting) miles driven					
33	Total miles driven during the year. Add lines 30 through 32					
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes
35	Was the vehicle used primarily by a more than 5% owner or related person?					
36	Is another vehicle available for personal use?					

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners			
39 Do you treat all use of vehicles by employees as personal use?			
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?			
41 Do you meet the requirements concerning qualified automobile demonstration use?			
<i>Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles</i>			

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI** Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year:					
43 Amortization of costs that began before your 2007 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	